

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUL 30 2018 ★

LONG ISLAND OFFICE

To: Clerk's Office

From: CHAD S. Johnson

Sub: Motion to Amend

THIS is a Motion to Amend (No. 11-CV-2481(JS)(WDW).
Amendment concerns extra Defendant add to Claim;
As well as Amended Relief plaintiff is seeking

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JUL 30 2018

EDNY PRO SE OFFICE

AFFIDAVIT OF SERVICE

STATE OF NEW YORK) ss.:
COUNTY OF DUTCH ESS)

CHAS S. Johnson, being duly sworn, deposes and says that:

1. That I am over eighteen years of age and a party to this action.

2. That on the 26 day of JULY, 2018, I served upon the following party(ies):

Kyle Wood
Attorney for
Defendants

Clerk's office
of 100 Federal Plaza

A true copy of the annexed:

Motion to Amend, 3 Copy of Amended Complaint.

By depositing the same enclosed in a post paid (Regular Mail/Certified Mail Return Receipt Requested) properly addressed wrapper, in an official depository at the Downstate Correctional Facility, Box F, Fishkill, New York 12524 under the exclusive care and custody of the facility officials, addressed to the above party(ies) that being the address(es) designed for such purposes to be delivered by U.S. Postal Service.

So sworn,

Chad Johnson

Sworn to before me this

26th Day of July, 2018.

J. Carmichael
NOTARY PUBLIC



FILED COMPLAINT #2
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

★ JUL 30 2018 ★

LONG ISLAND OFFICE

CHAD SCOTT. JOHNSON

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

JURY DEMAND

YES X NO

-against-

ROBERT DOYLE, MICHAEL SOTO,

SEAN COMISKEY, SEAN P. McQuaid,

SUFFOLK COUNTY, Individually and in

Their official capacities,

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

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- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. **Name of plaintiff** CHAD JOHNSON

If you are incarcerated, provide the name of the facility and address:

DOWNSTATE CORRECTIONAL FACILITY

Prisoner ID Number: 12-A-0372

If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

ROBERT DOYLE

Full Name

RETIRED DETECTIVE SERGEANT

Job Title

Address

Defendant No. 2

MICHAEL SOTO

Full Name

DETECTIVE

Job Title

Address

Defendant No. 3

SEAN COMISKEY

Full Name

DETECTIVE

Job Title

Address

Defendant No. 4

SEAN P. McQuaid

Full Name

DETECTIVE

Job Title

Address

Defendant No. 5

Suffolk County

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? Within the County of Suffolk,
at Suffolk County Police Headquarters, located at yahpank,
Yahpank, NY,

When did the events happen? (include approximate time and date) 12pm, May, 24, 2010-
untill May, 25, 2010; 3am

Facts: (what happened?) Each Defendant violated my Constitutional Rights
under United States Fifth (5th), Sixth (6th), Eighth (8th) ,
as well as my Fourteenth (14th) Right to DUE PROCESS, WHEN
each of the defendants, assaulted me; Denied my numerous request
for counsel, & coerced and forced plaintiff in to giving a statement
and forced plaintiff to sign statement.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Cuts and bruises on my shoulder, neck, right eye, and on the
right side of my face. Nightmares, extreme headaches.

III. Relief: State what relief you are seeking if you prevail on your complaint.

Plaintiff seeks relief in the form of permanent injunction requiring
Suffolk County to mandate that all Miranda wavers & Statements be
be recorded. Plaintiff is also suing for Punitive damages in the
amount of \$5,000,000.00 (5 Million); as well as compensatory damages
in the amount of \$100,000.00 (100 Thousand) Jointly & Severally
against each defendant.

I declare under penalty of perjury that on July 26, 2018 I delivered this
(date)
complaint to prison authorities at Downstate Correctional to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7/26/18

Chad Phuse
Signature of Plaintiff

Downstate Correctional
Name of Prison Facility or Address if not incarcerated

Box F
Red Schoolhouse Road
Fishkill, Ny, 12524-0445
Address

12A0372
Prisoner ID#

WILLIAM R NASTASI
NOTARY PUBLIC, STATE OF NEW YORK
REG. NO. 01NA6290044
QUALIFIED IN DUTCHESS COUNTY
COMMISSION EXPIRES 10-07-21

CHAD S. Johnson
DOWNSTATE CORRECTIONAL FACILITY
BOX F
RED SCHOOLHOUSE ROAD
FISHKILL, NEW YORK, 12524-0445

DOWNSTATE
FACILITY
In # 12A-0372

DOWNSTATE
★

NEOPOST
07/26/2018
US POSTAGE
FIRST CLASS MAIL
\$001.21
ZIP 12524
041M11284855

CORRECTIONAL FACILITY

ATTENTION: CLERK'S OFFICE
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
100 FEDERAL PLAZA
CENTRAL ISLIP, NEW YORK, 11722

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